Individual employer funding application form

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| **GET IT RIGHT** |  | This funding has helped hundreds of employers and their personal assistants (PAs) to develop their skills and knowledge by attending many different types of training.  It usually takes about four weeks to process an application and money is paid directly into your bank account.  We recommend that you do not book or pay for any training until we have told you if your application has been successful and you can have the money.  You can send your application from by email to [funding@skillsforcare.org.uk](mailto:funding@skillsforcare.org.uk) or post to IE Funding, Skills for Care Ltd, West Gate, 6 Grace Street, LEEDS LS1 2RP  Application forms must be filled in and sent to us anytime before 5pm on Tuesday 28 February 2017.  tick this box if you **do not** want a copy of the  [employing personal assistants toolkit](http://www.employingpersonalassistants.co.uk/). |
| This form is only for people who live in **England** and employ a PA using a personal budget from social care or health or their own money (**‘self-funder’**).  Parents who employ PAs on behalf of children who are under 18 are not able to apply for this funding, unless you pay for your PAs using a Personal Health Budget (PHB). |  |
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| **GET IT RIGHT** |  | **Check the guidance carefully before filling out the form**  [www.skillsforcare.org.uk/individualemployerfunding](http://www.skillsforcare.org.uk/individualemployerfunding).  Your application may be delayed if you make a mistake or if you do not send us the necessary documents set out in the guidance. Please write only within the boxes provided. |
| **Read the guidance** |  |

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| **GET IT RIGHT** |  | **Necessary documents**  Proof that you employ a personal assistant, either  current certificate of employer’s liability insurance  a document showing HMRC tax employer reference as recorded by HMRC that includes the employer’s name and address  Proof of the costs of the training – you must provide all that are relevant  quote or invoice from the learning provider you have chosen to provide the training, incl. VAT  quote, invoice or receipt of travel (or expected) travel costs  quote, invoice, receipt or copy of payslip to confirm PA cover costs  If the employer is not able to complete this form and you are applying for funding on their behalf, we will need to see one of the following  copy of document indicating lasting power of attorney status  copy of document indicating court appointed deputy status  other proof of ability to act on behalf of the employer as stated in the guidance document |
| You will need to send certain documents with your application form.  Tick the boxes to check that you have all the necessary documents before filling out the form.  If you do not send this information it will take longer to process your application. |  |
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|  |  | **Where did you hear about this funding?** |
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| **Section 1** | **Employer details** (this section must be completed in full) | | | |
| **GET IT RIGHT** | **First and  last name** |  | | |
| Read guidance, section 1.  These are the details of the **person who needs care and support** and pays people to be their PA.  If the person who needs care and support **is under the age of 18**, then these should be the details of the adult acting on their behalf. | **Address** |  | | |
| **Postcode** |  | | |
| **Phone** |  | | |
| **Email** |  | | |
| **Age of employer** | I am 18 years or older  This application is for someone under 18 | | |
| **How do you fund your PAs?** | Personal budget from social care  Personal Health Budget  Self-funded | | |
| **Organisation that gives you your personal budget** |  | | |
| **No of PAs employed** |  | **No of PAs doing training** |  |
| **Who is the training for?** | Employer  PA  Both | | |

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| **Section 2** | **Bank details** (this section must be completed in full) tion 5 | | |
| **GET IT RIGHT** | **Sort code** | |  |
| Read guidance, section 2.  Skills for Care will pay money directly into your bank account using BACS.  If the money is being paid into an account that is not in the name of the employer you must tell us why, using the space provided under ‘Other’. | **Account number** | |  |
| **Name of account holder** | |  |
| **Name of bank** | |  |
| **Bank address** | |  |
| **Bank postcode** | |  |
| **Tick the most appropriate option.** | | Employer’s personal account  Direct payment account  Managed account  Other (please specify): |
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| **Payment receipt email:** | |  |
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| **Skills for Care’s use only** |
|  |  | Applicant number | |
|  |  | Applicant name | |
|  |  | FRED supplier code | |
|  |  | Date application received | |
| **Section 3** | **Employer not able to complete application form?** | | |
| **GET IT RIGHT** | **First and last name** | |  |
| Read guidance, section 3.  If the employer is unable to complete the application form, they may have someone complete it on their behalf. The person that has done this, should complete this section of the form and provide the necessary documents that says you are able to act on behalf of the employer  See guidance for more information. | **Address** | |  |
| **Postcode** | |  |
| **Phone** | |  |
| **Email** | |  |
| **Relationship with the employer** | | An attorney under lasting or enduring power of attorney  A court appointed deputy  Advocate  Parent or relative  Personal assistant (PA)  Social worker  NHS representative  Local authority representative  Support organisation representative  Learning provider representative  Other (please specify): |
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| **Section 4** | **Details of training** (this section must be completed in full) Read guidance, section 4 | | | | | | |
| **GET IT RIGHT** | **Maximum of 5 training courses per person**. This funding cannot pay for any delegated health care tasks agreed in any NHS care plan. You **must** send details of **all** costs. Add up all the costs for each **training course, travel and PA cover**. | | | | | | |
| **Training Course** | **Name and address of provider** | **Who will attend the training course?  First and last name** | **Course  start and end dates** | **Training course costs (inc. VAT)** | **Travel costs** | **Replacement PA costs** | **Total cost per course** |
| e.g. *First Aid* | *e.g. First Aid Training, High Street, Big Town, PO5 1CO* | *e.g. Tony Jones and Sandra McDonald* | *e.g.17-19 May 2016* | *e.g. £600 x 2 PAs = £1,200* | *e.g. 6 journeys (2 x 3 days) of 12 miles = 72 miles x 45p per mile = £32.40.* | *e.g. 3 days of 4 hours at a rate of £9.50 = £114.00* | *e.g. £1,200 + £32.40 + £114.00 = £1,346.40* |
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| **Training Course** | **Name and address of provider** | **Who will attend the training course?  First and last name** | **Course  start and end dates** | **Training course costs (incl. VAT) £** | **Travel costs £** | **Replacement PA costs £** | **Total cost per course** |
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|  | **Total amount of money requested £** | | |  |  |  |  |
| **GET IT RIGHT** | **How will this training help you as an employer?** | | | | | | |
| Say why this training is needed and how it will help you as an employer and your PAs. |  | | | | | | |

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| **Section 5** | **Conditions of the grant** | |
|  | **How and when this money must be spent**  The money must be spent on care related training or qualifications as outlined in this application.  The money can be used to pay for travel expenses to and from the training.  The money can be used to pay for a replacement PA.  The training or qualifications must be paid and start before 31 March ‘17.  **You cannot:**  Use the money to pay for items that you have not stated in your application.  Use the money to pay for training related to any delegated health care tasks in your care plan.  Apply for money for training or qualifications that are provided free of charge.  Use the money for party political purposes.  Use the money for fundraising efforts.  Give this money to anyone else, other than to pay for costs you have outlined in this application, without asking Skills for Care first.  **What you must do:**  Use the money in the way that you have stated.  Provide proof to Skills for Care of all costs with your application.  Send completion evidence (e.g. certificates) for each training course within four weeks. If you do not, Skills for Care will ask you to return the money.  Return any money you have not spent as outlined in this application to Skills for Care by 30 April ‘17.  Keep a record of all invoices, receipts and any other relevant documents for a minimum of six years after the training has been completed. Skills for Care’s auditor may need to review them.  Make sure that the money will not be used to commit fraud, if you think that this is a possibility, please contact Skills for Care immediately.  **Skills for Care will:**  Review all applications and award the funding at its discretion based on the information written in the application.  Aim to process all applications that have been completed correctly and provided with proof of all costs (training, qualifications, travel and PA cover) within four weeks. Where this is not possible we will contact you to explain why.  Award the funding on a first come first served basis until all of the funding has been awarded.  Pay the grant funding directly to your bank account via BACS when you have provided your bank details and signed the ‘acceptance of grant award conditions’.  Evaluate how the money has been used to find out if it has been effective and shown value for money.  Add your details to a contacts database.  **Skills for Care will not:**  Pay for any other costs which were not included in your application.  Adjust the funding to cover any price changes.  **Data Protection**  Skills for Care respects your right to privacy and any personal information you give us will only be used as set out here. Information you supply using any electronic form will only be used for the purpose stated on the form. Information you provide in emails will only be used for the purpose (which we reasonably believe) for which it was given. Beyond which is set out above, we will keep your personal data safe and secure and will not pass on your personal details to third parties without first receiving your permission, unless we are instructed to so do by a competent legal authority. | |
| **GET IT RIGHT** |
| Read guidance, Section 5.  It is important that you **read these conditions** and make sure you understand them. You will need to tick to say you understand them before you can receive any money from Skills for Care. |
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| **GET IT RIGHT** | **Declaration**  I confirm I have read, understood and accept the ‘conditions of the grant funding’.  I declare that the information provided in this application is correct and complete.  I understand Skills for Care’s obligations under the Data Protection Act.  I confirm that I am not applying to fund training for any delegated health care tasks included in the care plan I have agreed with my local NHS organisation. I understand that training (or the funding for training) for these essential tasks must be met by my local NHS organisation.  I wish to apply for funding. | |
| By ticking these boxes you are **agreeing to the ‘conditions of the grant funding’** and that you wish to apply for funding (or are authorised by the employer to do so). |
| **PRINT NAME:** |  |
| **DATE:** |  |
| **Section 6** | **Sending in your application form and what happens next** | |
| **GET IT RIGHT** | Applications should be filled out and sent anytime  before 5pm on 28 February 2017  You can send it by email to  [funding@skillsforcare.org.uk](mailto:funding@skillsforcare.org.uk)  or by post to  IE Funding  Skills for Care Ltd  West Gate  6 Grace Street  LEEDS LS1 2RP | |
| Read guidance, Section 6.  If you do not, this may cause delays to the processing of your application. |
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| YOU SHOULD | send all necessary documents with your application (see guidance). | |
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| WE WILL | let you know that we have got your application form. | |
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| WE WILL | look at your application form and ask for more information if we need to. | |
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| WE WILL | tell you if your application has been successful and when you will get the money. | |
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| YOU SHOULD | book the training once you know you will get the money. | |
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| YOU SHOULD | make sure all the training is completed. | |
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| YOU SHOULD | send copies of completion certificates once the training is finished. | |